



SHORT COLEMAN PARK WATER ASSOCIATION

1341 Constitution Drive

PO Box 87, Iuka, MS 38852

662-424-0017

Consumer Authorization for Direct Payment via ACH

I authorize Short Coleman Park Water Assn. to electronically debit my account, on or around the 15th of each month, as follows:

Bank Name _____

Bank Routing # _____

Bank Account # _____

SCPWA Account # _____

Amount of debit or method of determining amount of debit:

I understand that this authorization will remain in affect until I notify SCPWA via written or phone request that I wish to revoke this authorization. I understand that SCPWA requires at least 5 days prior notice in order to cancel this authorization.

Printed Name _____

Signature _____

Date _____